

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007814

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 237

Primary Registration District No. —

Registrar's No. 48

FILED MAR 4 1963

VS 300
Rev. 4/59

1 0740

2 0740

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12 86-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont		c. CITY OR TOWN Elmo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallen Nursing Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Myrtle Lilly Monroe		4. DATE OF DEATH February 25, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1891
10a. USUAL OCCUPATION (Give kind of work done including most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME James Calfee		11b. MOTHER'S MAIDEN NAME Mary Sutton	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		12b. SOCIAL SECURITY NO.	
13. INFORMANT Barton Monroe		Address Elmo, Missouri	
14. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 5 days	
DUE TO (b) Hepatic obstruction		2 years	
DUE TO (c) Unknown cause, possibly toxins			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tumor of uterus with rectal obstruction; Senility		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb. 24, 1963 to Feb. 25, 1963 and last saw her alive on Feb. 25, 1963		Death occurred at 11:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Robert A. Muschman</i> (Degree or title)		22b. ADDRESS Clearmont, Missouri	
22c. DATE SIGNED 2/25/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb-27-1963	23c. NAME OF CEMETERY OR CREMATORY Lamar Cemetery	
23d. LOCATION (City, town, or county). Elmo Missouri		(State)	
24. FUNERAL DIRECTOR Scott Tucker Westboro, Mo		25. DATE RECD. BY LOCAL REG. 2-26-63	
26. REGISTRAR'S SIGNATURE <i>Bess Bolt</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 13 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Ashley R Tucker, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ashley R Tucker
Licensed Embalmer No. 4757

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.